



## Community Needs Assessment

The City of Springfield is in the process of developing a Consolidated Housing and Community Development Plan that will establish community goals and guide resource allocations. The Plan will cover the period of 2015-2019. We invite you to assist the City to establish community needs and priorities.

We appreciate your time and thank you for your participation.

If you are interested in obtaining information on this survey, the Consolidated Planning Process, or Community Development Programs, please contact the Community Development Department at 413-787-6500. Thank you.

1. Do you live in the City of Springfield?

☐

Yes

☐

No

2. Please identify the neighborhood in which you live:

☐

Bay

☐

Brightwood

☐

Downtown/Metro Center

☐

East Forest Park

☐

East Springfield

☐

Forest Park

☐

Hungry Hill

☐

Indian Orchard

☐

Liberty Heights

☐

Maple High/Six Corners

☐

Memorial Square

☐

McKnight

☐

Old Hill

☐

Pine Point

☐

Sixteen Acres

☐

South End

☐

Upper Hill

☐

Other: \_\_\_\_\_

3. If you could change one thing in your neighborhood, what would it be? How would you do it?

## Community Needs Assessment

4. Do you think the physical condition of the public space in your neighborhood (streets, sidewalks, parks) is:
- ☐ Stable
  - ☐ Improving
  - ☐ In decline
5. Do you perceive economic development/job creation to be a critical issue in the City?
- ☐ Yes
  - ☐ No
  - ☐ Unsure/Not Applicable
6. Do you feel safe in your immediate neighborhood?
- ☐ Yes
  - ☐ No
  - ☐ Unsure/Not Applicable
7. Do you think the physical condition of housing in your neighborhood is:
- ☐ Stable
  - ☐ Improving
  - ☐ In decline
8. Do you think abandoned or foreclosed properties is a critical issue in the City?
- ☐ Yes
  - ☐ No
  - ☐ Unsure/Not Applicable

## Community Needs Assessment

9. Please rank the level of need for the following types of Community Development in the City:

Type	Low Need	Moderate Need	High Need	Unsure/Not Applicable
Safe and Affordable Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community/Neighborhood Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community/Neighborhood Facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Economic Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infrastructure (Streets, Sidewalks, Parks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic Preservation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Please rank the level of need for the following types of Public Services in the City:

Type	Low Need	Moderate Need	High Need	Unsure/Not Applicable
Youth Services/Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Training/Readiness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health/Behavioral Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homebuyer Education/Financial Literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fair Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for Persons with Disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Disaster Recovery and Resiliency

11. In recent years, Springfield has experienced a tornado, severe snowstorms, and hurricanes. When you think about negative impacts from severe weather, what do you worry about most?

- ☐ Loss of transportation within the City
- ☐ Loss of transportation to exit the City
- ☐ Loss of communications (Phone, Internet)
- ☐ Ability to access food and water
- ☐ Loss of utilities (electricity, heat, water)
- ☐ Loss of housing
- ☐ Ability to access medical care
- ☐ Elderly, sick and disabled people in the community
- ☐ Impacts from flooding
- ☐ Impacts from severe wind
- ☐ Impacts from weight of extreme snow load
- ☐ Other: \_\_\_\_\_

12. What is one thing our community should do to protect ourselves from the impacts of future natural disasters?

13. If you were impacted by the natural disasters in 2011, do you still have damages that have not been repaired or other unmet needs from the disaster? If so, briefly describe:

## Information About You

As we are collecting input on this survey, we want to make sure that we are hearing from many different kinds of people who live in the City. To help us see if we are meeting that goal, please tell us about yourself:

14. What is your gender?

☐

Male

☐

Female

15. Please provide your race (check all that apply):

☐

White

☐

Asian

☐

Black or African American

☐

Native Hawaiian and Other Pacific Islander

☐

American Indian and Alaska Native

☐

Other race

16. Please provide your race ethnicity:

☐

Hispanic or Latino

☐

Not Hispanic or Latino

17. Please describe your household (check all that apply):

☐

Single person

☐

Elderly household with at least one person between the ages of 62 and 74

☐

Small household (2-4 people)

☐

Elderly household with at least one person age 75 or older

☐

Large household (more than 4 people)

☐

Single parent

☐

Household with children under 6 years of age

18. Please check all that apply:

☐

I work in Springfield

☐

I regularly participate in Springfield recreational, cultural, or leisure activities

☐

I have children in Springfield Public Schools

19. Please provide your employment status:

☐

Employed full time

☐

Self-employed

☐

Employed part time

☐

Retired

☐

Student

☐

Disabled, not able to work

☐

Not employed, looking for work

☐

Work in home (caregiver, homemaker)

☐

Not employed, NOT looking for work

20. Please provide your housing status (check all that apply):

☐

Rent

☐

Own home

☐

Homeless

☐

Living doubled up/with friends, family

☐

Have another person/family living in my home

☐

Receive a housing subsidy

☐

Have difficulty making monthly housing expenses

☐

Have been late on rent or mortgage payments at least twice in past six months

Thank you for completing the survey and assisting the City of Springfield plan future housing and community development programs!

If you have questions or wish to learn more about the Consolidated Plan process or community development programs, please contact the Community Development Department at 413-787-6500 or [cbuono@springfieldcityhall.com](mailto:cbuono@springfieldcityhall.com)